
Structural Family Interventions

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Structural family therapy (SFT) is a systems based model that places a special focus on the internal organization of relationships within families vis-à-vis their functioning. It aims to solve problems of dysfunction by making changes in the underlying structure of personal relationships through intervening actively in client experiences.

Levels of Family Need

SFT arose to meet the needs of troubled inner-city youth and their families. The model was first presented in a book whose title spoke to the original target population, *Families of the Slums* (Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967). What most directly influenced the emerging character of this new model was the *underorganization* (Aponte, 1994b, pp. 13–31) of these families that had Level II needs. The structure of the family relationships lacked “the *constancy, differentiation, and flexibility* they need[ed] to meet the demands of life” (Aponte, 1994b, p. 17). The model sought to bring effective organization to the family so that its members could find better solutions to their problems.

Given that the original families were “products of slums” (Minuchin, Montalvo, et al., 1967, p. 6), it is no wonder that the model also lent itself from the very beginning to work with families that had Level I needs. Families needed to be able to organize themselves with effective authority and hierarchy, clear personal boundaries, and stable relationship alliances and possess communication skills to negotiate these structural components of their relationships. Because of the social conditions within which these disadvantaged families faced their problems, the model looked not only at the internal relationship context of the family but at the structure of the social environment within which these families struggled with life (Aponte, 1994b, pp. 13–31).

It was not long, however, before the original proponents of the model began to discover the relevance of relationship structure in families to other problems, such as anorexia nervosa (Minuchin, Rosman, & Baker, 1978). Predictably, families in which youngsters were starving themselves in order to manage their emotional distress and family conflicts did not tend to come from the lowest socioeconomic strata. For the most part they were middle-class families with Level III needs. The factor these families had in common with the lower-income families was the direct impact that a dysfunctional family structure had on the functioning of its members.

With time, moreover, the growing awareness of the crisis in values that the society is undergoing makes it apparent to some that it is not enough to speak only of structure and function in relation to people's life struggles. In the current cultural milieu, neither families nor their therapists share a common base of values on which they can base their efforts to solve problems. This awareness brought about an incorporation into the structural model of notions of values and spirituality (Aponte, 1994b; Aponte, 1996; Aponte, 2002a; Aponte, 2002b). The Level IV spiritual needs of life, relating to moral standards, philosophical perspective, and the social base of spirituality are all relevant to families in our current age, regardless of socioeconomic status (Aponte, 1999).

Assessment

The core focus of an assessment in SFT is how families are organized in relation to the problems they experience in the present. SFT views the past as "manifest in the present and . . . available to change by interventions that change the present" (Minuchin, 1974, p. 14). The assessment demands a clear identification of the focal issue, preferably in the operational terms in which it is currently manifested (Aponte & VanDeusen, 1981, p. 316). In SFT, enactment is the basic context in which family assessments take place (Aponte, 1994b, p. 21; Minuchin, 1974, p. 141). Structural therapists look to have families relive in the therapy the struggles they have at home. Witnessing and engaging with an actual interaction with its underlying relationship structure is a more reliable source of data than what people report about their lives.

The three underlying structural dimensions (Aponte & VanDeusen, 1981, pp. 312–313) that draw a structural therapist's attention are

1. *Boundaries*: What defines who is in or out of a family relationship vis-à-vis the focal issue, as well as what their roles are in this interaction;
2. *Alignment*: Who is with or against the other in the family transactions;
3. *Power*: What the relative influence is of each in the family interactions.

Therapists formulate their structural hypotheses at the level of the current boundary, alignment, and power organization of the family in relation to its problems (Aponte & VanDeusen, 1981, pp. 314–315; Minuchin, 1974, p. 130). They also formulate a second level of hypotheses, called functional hypotheses, that "speak

to the *meaning* and *significance* of the current structure" (Aponte, 1994b, p. 36). The present structure of family relationships has a history and a purpose. Functional hypotheses describe the historical background of the family that brought it to the immediate difficulty, and the current motivations that drive family members to relate to each other as they do now around the current issue. Because structural therapists work through the interactions they witness in the present, their every action with families is intentionally based on hypotheses about what they are observing. In fact, SFT considers change-inducing interventions to be not just techniques but technical interventions ensconced in relationships "occurring through the process of the therapist's affiliation with the family" (Minuchin, 1974, p. 91). In other words, structural therapists promote change through specifically aimed techniques within strategically shaped relationships. Consequently, therapists' every action should flow from their diagnostic hypotheses, and these hypotheses should be confirmed or altered according to the therapeutic impact of therapists' actions (Aponte, 1994b, p. 38).

In an interview with the Gonzagas, a Mexican American family, a consultant was presented with a set of parents and five children, ages 4 to 16 (Aponte, 1994b, pp. 32–57). The identified patient was an 11-year-old boy, Pancho, who was having school problems. In the initial presentation of the case, the mother was outspoken and articulate about the problem. The father, a packer, had been described by the family's co-therapists as relatively uninvolved in raising the children and not active in the therapy, although he attended every session. The consultant began the session hypothesizing that the father's regular attendance indicated that, although silent, he cared about what was happening with the children. Yet, he hypothesized that in terms of *boundaries* the father was peripheral to the mother's handling of Pancho's school problems. The mother exercised the *power* of the executive parent in relation to this boy's school problems by being the one who communicated with the school and oversaw his school performance. However, in terms of a *alignment*, Pancho resisted her guidance. The consultant hypothesized that the boy was likely triangulated between parents who had a conflictual marriage. The consulting therapist had little family history to formulate his functional hypotheses but did speculate that this Latin-cultured father who had relatively limited education was not comfortable in the American world of professional agencies that are mostly populated by highly educated women.

Seeing how little control the mother had over Pancho, the consultant further hypothesized to himself that at the heart of her powerlessness was the lack of the father's support with the boys. To probe the father's willingness and ability to help his son, the consultant invited him to engage Pancho in a discussion about his difficulties, hoping for an *enactment* of the current father-son relationship. What emerged from the interaction was that the boy was frightened of his father, who was slow to dialogue but quick to hit. When the consultant gave the other two boys in the family the opportunity to join the discussion, the father was confronted by the 16-year-old's painful plea to have his father quit calling him a "liar" and to stop hitting him, because he felt humiliated and intimidated. The father came to the realization that he was important to his sons and that they needed him to treat

them with both affection and respect. The father, with emotion, concluded that *he* was the problem in this situation and quietly said he understood the boys' reactions because he "too had a father." The consultant worked to bring the father into the parenting in a way that would convince him how needed he was by his wife and children. The original therapists were to follow up with the couple about their marital difficulties to help them work more cooperatively as parents.

Goals

SFT aims to engage clients in an active experience of change, beginning with the enactment in the therapeutic session. It seeks to engage family members around current, concrete issues. The approach looks to achieve palpable results by family members' exercising of their strengths in the here-and-now with the active, personal engagement of the therapist. This new experience is meant to form the basis for better future patterns of relating and solving problems.

Intervention Approach

There are basically seven principles of intervention that form the foundation of SFT.

A Focus on Concrete Issues

SFT focuses on the urgent issue that holds the family's attention and intensity of concern (Aponte, 1998b). With the Gonzaga family it was Pancho's school problems. The issue that forces a family's concern is the issue that will move a family to seek help. What hurts becomes the impulse for change.

When clients confront their roles in the solution of a problem, they face challenges to change and choices that demand much of them. These choices bear within them reasons to change that draw on spiritual and moral convictions. Clients' spirituality adds purpose and meaning to their need to solve problems. Structural therapists look for motivation to change that comes from the pain of life and the hope of personal betterment.

Location in the Present

For SFT, the current issue contains within it (1) the focal point of today's concern, (2) the dynamics immediately generating the distress, and (3) traces of the family's past experience that help explain the "why" of today's problem. In other words, today's issue carries with it the immediate pain urging relief, as well as the deeper structural and dynamic forces that are driving the problem. The present issue is alive with the emotions, history, and spirituality that give that experience its meaning and importance. The therapeutic process itself is considered by the practitioner

to be yet another current context in which the issue is lived. The therapist's immediate task is to make the context of therapy a vital arena in which to engage the family and address the problem.

Mediation of the Client's Experience in Session

The principal field of intervention for SFT is the family's enactment of their issue in the session (Aponte & VanDeusen, 1981, p. 329; Minuchin and Fishman, 1981, pp. 78–97). The structural therapist looks to seize the moment when family members spontaneously enact their struggle in the session, or creates a situation that draws the family into their characteristic interaction around the issue. Talking about an issue draws from the intellect and memory. The drama, or enactment, of the struggle during a therapy session embodies all the affect and energy that drives the family's behavior. By becoming alive on the therapeutic stage, the issue becomes more readily understandable and accessible to the therapist. With the Gonzaga family, the consultant directly asked the father to talk with Pancho about how they relate around the boy's school problems. When Pancho told of his fear of his father, and the oldest brother spontaneously spoke of how hurt he was by the father's disrespect of him, the consultant held still and let the father respond with his own intensity to his sons. The situation became an opportunity to see how they interacted but also to suggest a new way for the father to engage with his boys. That enactment is both material for assessment and a chance to intervene.

Achieving Change through Restructured Relationships

The structural family therapist pays special attention to the structure of family relationships with respect to the focal issue. This transactional structure is the skeleton undergirding the dynamics that generate the family's problem. There are essentially two species of structural dysfunction: conflict driven and underorganized. The conflictual structure reflects competing interests among family members. The underorganized structure represents a lack of the stability, flexibility, or richness of development needed in family relationships to meet the challenges of the family's functions. Structural therapists intervene to resolve conflict, repair what is broken, and build new strength in the family's underlying structure.

As noted earlier, at least one perspective on the structural model has evolved to incorporate the spiritual dimension of life into a tricorned vision of human social functioning that includes structure, function, and values. People organize themselves psychologically and in relationships to carry out life's functions, but always in relation to their morals, ideals, and philosophy of life. This spiritual dimension can take a secular form without reference to a transcendent spiritual world, or it can be embodied in a formal religious belief system and faith community. In either case people's spiritual framework is vital to the process in which they choose how to think about and contend with life's challenges. In practice, the structural therapist who has a spiritually sensitive perspective brings to the therapeutic effort a recognition of moral choice, personal philosophy, and faith community in

the dynamics that influence how people approach the solution of their problems (Aponte, 1996; Aponte, 1998b; Aponte, 2002a; Aponte, 2002b).

Building on Client Strengths

SFT centers the therapeutic process on the resources and power of the client to grow and change, whether within themselves or in their family relationships (Aponte, 1999). The model works through a “search for strength” (Minuchin & Colapinto, 1980). Structural therapists actively engage with families to block old, pathological transactional patterns (Aponte & VanDeusen, pp. 335–336) while also working to build on families’ strengths to create new, effective solutions to life’s problems. People’s resources may reside within their characters, family relationships, and in their communities, including faith communities (Aponte, 1994b, pp. 58–82; Aponte, 1996).

The spiritual dimension of therapy pivots on the ultimate resource of positive, personal power for clients: free will, the seat of our moral choices. The personal power in freedom of the will that Frankl (1963) experienced in the Nazi concentration camps, the poor and disenfranchised can also discover within themselves in their distressed communities: “For the powerless and invisible, acting on the freedom to choose is to claim their potential and importance in the face of daunting circumstances” (Aponte, 1999, p. 82).

Speaking to client strength starts with relating to the personal value and dignity of clients and hinges ultimately on the acknowledgment of clients’ personal power and responsibility to freely choose the actions that will determine their destiny. Clients’ belief systems contain the strength, standards, and ideals behind their will to choose, and their families and faith communities are their most intimate social supports.

Aiming at Palpable Outcomes

While SFT looks into the underlying structure of people’s actions and relationships, the model is practiced in real-life experience and aims for outcomes that make a significant difference in how people live. The initial formulation of the problem takes the form of action and interaction that makes clear the concern of the family (Aponte & VanDeusen, 1981, p. 316). The structural therapist then enters the family’s struggle through the enactment, an actual reliving of the family drama in session, and follows up with interventions aimed at creating new transformative experiences during session. When the consultant had Mr. Gonzaga talking with his boys in session in ways that elicited mutuality instead of stifling through intimidation, both father and sons discovered a warm reciprocal affection. Structural therapists also assign tasks as homework (Minuchin, 1974, p. 151), moving the therapeutic experience back into the home, where the family drama normally takes place. Finally, when structural therapists formulate goals, they think in terms of day-to-day experiences that embody the structural and dynamic changes that family members tested in the therapist’s office (Aponte, 1992b).

Understanding a problem and communicating effectively with regard to it are means to an end. Living life more successfully is the goal.

Intervention through the Practitioner's Active Involvement with the Family

Structural therapists actively engage with families to create experiences both among family members and between practitioner and family, as a means of generating change.

- Initially therapists look to join (Minuchin, 1974, pp. 133–137) families “in a carefully planned way” (Minuchin, 1974, p. 91). This is not only an effort to gain the trust of family members but a strategic therapeutic opportunity to relate in new ways that draw out new interactions within families.

- In more stubborn and chronic situations, practitioners may themselves engage with families with greater intensity (Minuchin, 1981, pp. 116–141) or intensify a conflictual interaction among family members (Aponte & VanDeusen, 1981, p. 335) in order to induce reactions that bring clients out from behind their defensive walls.

- Therapists may attempt to block (Aponte & VanDeusen, 1981, p. 335) or unbalance (Minuchin & Fishman, 1981, pp. 161–190) petrified patterns of interaction to challenge family members to adopt more functional modes of operating.

- On the other hand, when clients are more readily disposed to change, practitioners may facilitate healthier attitudes, behaviors, and patterns of interaction (Aponte & VanDeusen, 1981, p. 336) through what they simply encourage, point out, or suggest.

- Therapists may intentionally employ themselves in purposeful personal interactions with clients within their professional roles to coax different therapeutic experiences for clients (Aponte, 1992a). This use of self calls for therapists to be emotionally free to use their own person deliberately and more fully for therapeutic purposes. They must be able to utilize their personal assets as well as their flaws and life struggles to both identify with and differentiate themselves from clients. In SFT this active use of self is employed with specific strategic goals within the person-to-person interactions between client and therapist.

Evaluation

As noted earlier, the structural model grew out of research on the treatment of poor, underorganized families. The results of the research as published in *Families of the Slums* (Minuchin, Montalvo et al., 1967) demonstrated the effectiveness of interventions on the family structure underlying specific troubling issues. These interventions challenged old structures and created new ones through freshly constructed client experiences in session. The initial research on underorganized fam-

ilies was immediately followed by research with families with children suffering from psychosomatic conditions, most of whom were not economically or socially disadvantaged (Minuchin et al., 1978).

The impact of family structure on psychosomatic illness has been studied further (Kog, Vertommen, & Vandereycken, 1987; Northey, Griffin, & Krainz, 1998; Onnis, Tortolani, & Cancrini, 1986; Wood, Watkins, Boyle, Nogunera, Zimand, & Carroll, 1989), and SFT has been examined in application to such disparate topics as drug addiction (Allen-Eckert, Fon, Nichols, Watson, & Liddle, 2001; Stanton, Todd, & Associates, 1982), family therapy with children (Abelsohn & Saayman, 1991; Kerig, 1995), family and culture (Fisek, 1991; Jung, 1984; Santisteban et al., 1997), and business and industry (Deacon, 1996). There has also been exploration, within the framework of SFT, of the role of the wider system on the treatment of families (Peck, Sheinberg, & Akamatsu, 1995). The concept of structure in systems has broad application. However, research on structural interventions in family and social institutions should also take into account the personal, cultural, and social values of the observers, the practitioners, and the clients. Family and social structure cannot be studied or evaluated outside of the values that determine what is healthy or unhealthy and morally right or wrong.

Application to Families at Other Levels of Need

The structural model has clearly demonstrated its relevance to Levels I, II, and III needs. The theory and intervention techniques are well adapted to address concerns about concrete issues, hierarchical family structure, and personal boundary issues. While it is not specifically tailored to therapeutic foci about intimacy in relationships and personal self-actualization, SFT clearly addresses these issues as part of the work on relationships within families and couples. Individual self-actualization is integral to an understanding of the evolution of the individual's psychological structure in the contexts of family and society. Values and spirituality, which relate most strongly to Level IV concerns, have been a later addition to SFT for the understating of human relationships.

Ethical Challenges

Because of the active posture of the therapist, SFT faces two ethical challenges:

- The imposition of the therapist's values on clients.
- The blurring of boundaries between therapist and client.

In SFT, therapists actively engage in helping clients identify their issues, set goals, and determine the therapeutic approach to reach those goals. All this work is built on a value platform, the moral planks and ideals that set the foundation of values for the therapy. Ideally, these values are explicitly or implicitly agreed on by therapist and client without coercion or manipulation on the part of the therapist.

However, because of the active posture of the therapist, vigilance and sensitivity are required to make this a truly mutual process.

Again, because of the active engagement of the therapist with the client in every aspect of the therapeutic process, it can be all too easy for therapists to unilaterally manipulate the definition of the issues, decide goals for therapy, and set the course for change. This is the reason why it is so critical for structural therapists to do work on their own person (Aponte, 1992a; Aponte, 1994a; Aponte & Winter, 2000). Structural therapists, like other therapists who actively use themselves in therapy, should engage as part of their training in work on knowing their personal issues—their family history, their signature themes (persona struggles), and their political, social, and moral values. They should develop the ability to observe themselves in therapy, to be aware of their mental associations, memories, emotional reactions, and personal moral and spiritual dispositions. Finally, the goals are for them to utilize themselves, along with their personal reactions, in the therapeutic process in order to better assess and relate in a purposefully therapeutic manner to clients to clients and to implement their interventions.

Summary

Structural family therapy is not a single, tightly organized model of intervention with a unitary, orthodox theory. However, what is common among virtually all the approaches to the model is the emphasis on family structure, the clients' experience in the session, the here-and-now issues and their underlying dynamics, building on client strengths, aiming at real-life outcomes, and the active style of client engagement and intervention by practitioners. Some perspectives on the model emphasize technique over therapeutic relationship, whereas others stress the therapist's personal involvement. Structural therapists also differ in their views on normal family structure and in their opinions about the importance of spirituality to the work of therapy. These differences are incidental to the essence of the model, which focuses on actively addressing today's issues in session through the enactment of the structures of the underlying relationships. The model continues to be a dominant approach in the field of family therapy.

Moreover, amid today's eclecticism, it is rare to find practitioners who practice a single, orthodox approach to therapy. For example, structural therapists commonly utilize Bowen's thinking about the family of origin. From the earliest days, structuralists have employed strategic techniques. What structural therapists today ignore the psychoanalytic concept of the unconscious? On the other hand, SFT has influenced practitioners from other orientations. The insights of SFT about structure in family systems are no longer the exclusive concerns of the structural model. SFT has made its contributions to the field of family therapy and has learned from the contributions of other family-therapy models, as well as models of therapy for individuals—as it should be.

Discussion Questions

1. What are the essential components of the structural model?
2. How can elements of other models be utilized in SFT and components of SFT be incorporated into other models of family therapy?
3. How is SFT applicable to Level III and IV needs?
4. What are practical applications of spirituality to work with families in the structural model?
5. How does one incorporate the diversity of values and spirituality among practitioners and clients into the structural model?

Suggested Videotapes

- A house divided: Structural family therapy with a black family.* (1990). Golden Triad Films. (Golden Triad Films, 800-869-9454.)
 Aponte works with an African American family in this complex family situation of a married couple who have children from previous marriages. The father was released from jail for this interview.
- Tres madres: Structural family therapy with an Anglo/Hispanic family.* (1990). Golden Triad Films. (Golden Triad Films, 800-869-9454)
 Aponte works with a three-generation family that has both Anglo and Latino family members. The presenting issue is a very unhappy, sleepwalking little girl. The focus of the therapy is a young mother valiantly struggling to survive a dysfunctional family background, poverty, and cultural difficulties.
- A daughter who needs a mother.* (1991). AAMFT Master Series. (AAMFT, www.aamft.org)
 Aponte works with an African American family in which the focus is on the relationship between a mother and her emotionally alienated adolescent daughter. The mother struggles with the effects of her own emotionally deprived childhood on her relationship with her daughter.
- Williams family: Strength and vulnerability.* (1995). Research and Education Foundation, AAMFT. (Child Development Media, #20929P-Vb-X, 800-405-8942)
 This film features Aponte's interview with the family from Chapter 11 of his book *Bread and Spirit*. It reveals a family that has courageously overcome the overwhelming trials and tragedies of racism, sickle-cell anemia, drug addiction, and untimely, violent deaths. Their spirituality has been a key source of their strength.
- Clinical application of forgiveness.* (1996). National Conference on Forgiveness, University of Maryland. (Frederick A. DiBlasio, Ph.D., School of Social Work, University of Maryland at Baltimore, 410-706-7799)
 This videotape shows the actual session that is discussed in Aponte's article "Love, the spiritual wellspring of forgiveness: An example of spirituality in therapy."
- Family therapy with the experts: Structural therapy with Harry Aponte.* (1998). Allyn & Bacon. (Allyn & Bacon, Order Video #3208L8, 800-278-3525)
 This videotape is from the series Family Therapy with the Experts. It contains not only a full clinical session by Aponte demonstrating structural family therapy but also an interview in which he discusses the structural model.

Suggested Readings

- Aponte, H. J. (1992). Training the person of the therapist in structural family therapy. *Journal of Marital and Family Therapy*, 18(3), 269–281.
This article attempts to apply the notion of the person-of-the-therapist to structural family therapy, and is the first effort to address more fully the use of self in this model.
- Aponte, H. J. (1994). *Bread and spirit: Therapy with the new poor*. New York: Norton.
This book contains updates to Aponte's basic structural writings, along with some new material. The particular emphasis of the book is on therapy with disadvantaged families and the place of values and spirituality in this work.
- Aponte, H. J. (1998). Love, the spiritual wellspring of forgiveness: An example of spirituality in therapy. *Journal of Family Therapy*, 20(1), 37–58.
Using the example of setting the value platform for a therapeutic contract, this article demonstrates a method for incorporating spirituality into therapy.
- Aponte, H. J. (1999). The stresses of poverty and the comfort of spirituality. In F. Walsh (Ed.), *Spiritual resources in family therapy* (pp. 76–89). New York: Guilford Press.
This chapter in Froma Walsh's book is a more recent elaboration of the application of a spiritual perspective to therapy with a particular population.
- Aponte, H. J. (2002). Spiritually sensitive psychotherapy. In R. F. Massey & S. D. Massey (Vol. Eds.) *Comprehensive handbook of psychotherapy: Vol. 3. Interpersonal/humanistic/existential approaches to psychotherapy* (pp. 279–302). New York: Wiley.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
This book is the most complete representation of Minuchin's concept of structural family therapy.
- Minuchin, S., & Fishman, H. C. (1981). *Family Therapy Techniques*. Cambridge, MA: Harvard University Press.
This book contains Minuchin and Fishman's most comprehensive compendium of structural family therapy's technical interventions.

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